Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Type or print in ink.

Jose Torres

CALIFORNIA FORM 460

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 7/01/2012	
through 9/30/2012	11-6-2012

Date Stamp

CITY OF OXNARD
CITY CLERK

2012 OCT -4 P 4:32

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees -- Complete Parts 1, 2, 3, and 4.

[X] Officeholder, Candidate Controlled Committee
- ( ) State Candidate Election Committee
- ( ) Recall
  (Also Complete Part 5)

[ ] General Purpose Committee
- ( ) Sponsored
- ( ) Small Contributor Committee
- ( ) Political Party/Central Committee

[ ] Primarily Formed Ballot Measure Committee
- ( ) Controlled
- ( ) Sponsored
  (Also Complete Part 6)

[ ] Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

[X] Preelection Statement
[ ] Semi-annual Statement
[ ] Termination Statement
(Also file a Form 410 Termination)
[ ] Amendment (Explain below)

[ ] Quarterly Statement
[ ] Special Odd-Year Report
[ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1349209

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Torres for City Clerk 2012

STREET ADDRESS (NO P.O. BOX)
1414 w. fir CA 93033 805

CITY Oxnard   STATE CA   ZIP CODE 93033   AREA CODE/PHONE 805-612-3872

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Tony Touav

MAILING ADDRESS
2540 Tuave Pl

CITY Oxnard   STATE CA   ZIP CODE   AREA CODE/PHONE 805-205-5798

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-05-2012   Date
By _____ Signature of Treasurer or Assistant Treasurer

Executed on 10-04-2012   Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____   Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____   Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Jose Torres

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jose Torres

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Oxnard City clerk

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

1419 W. Fir   Oxnard   CA   93033

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee
List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Jose Torres

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 7/01/2012

through 9/30/2012

CALIFORNIA FORM 460

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I.D. NUMBER
1349209

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 1950	$ 1950
2. Loans Received	Schedule B, Line 3	265	265
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1950 215	$ 1215 1950
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 1950	$ 1950

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1791.13	$ 1791.13
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1791.13	$ 1791.13
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 1791.13	$ 1791.13

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	0
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 0

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 265

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date 1950.00
20. Contributions Received	$ 0	$ 1791.13
21. Expenditures Made	$ 0	$ 1791.13

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$ _____
___/___/___	$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Jose Torres

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period

from 7/01/2012

through 9/30/2012

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I.D. NUMBER
1349209

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/12	Imelda Torres 1419 w. fir 93033	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	50.00	50.00	
9/28/12	Maria Del Rosario Torres 513 olive st. 93033	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Daycare manager	50.00	50.00	
9/21/12	Idalia Torres 2101 Almanor st 93036	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Ventura county court collector	165.00	165.00	
7/01/12	Jose Torres 1419 w. fir 93033	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self Educator	1600.00	1600.00	
6/18/12	Jose Torres 1419 w. Fir 93033	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Educator	$25.00	$25.00	

SUBTOTAL $

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ 1,890

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 60.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ ~~~~~~

1,950.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
      (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
Payments Made

Jose Torres

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period	
from	7/01/2012
through	9/30/2012

SCHEDULE E

CALIFORNIA FORM 460

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1349209

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Torres for city clerk 2012 #1349209			campaign signs	$1778.21
Torres for city clerk 2012 #1349209			website	25.00
Torres for city clerk 2012 #1349209			Accidental Use of Check card	12.92

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ _____

2. Unitemized payments made this period of under $100 .... $ _____

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ _____

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... TOTAL $ 1791.13

Jose Torres

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA FORM **460**
from 7/01/2012	
through 9/30/2012	Page 6 of 8

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1349209

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Jose Torres 1419 U. Fir	amount owed for campaign signs. had to come out of pocket due to: not being able to deposit into campaign acct.		178.21		

SUBTOTALS $		$ 178.21	$	$

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from __7/01/2012__

through __9/30/2012__

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
134209

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/26/12	Gamestop ~~Saviers Rd.~~ 2655 Saviers Rd	refund from accidental checkcard use.	12.92

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Itemized increases to cash this period. .... $ _____

2. Unitemized increases to cash of under $100 this period. .... $ _____

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... $ _____

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
   Summary Page, Line 14.) .... TOTAL $ __12.92__

Jose Torres

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM **460**
from 7/01/2012		
through 9/30/2012	Page 8 of 8	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1349209

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jose Torres 1419 W. Fir 93033	Educator	$ 0	$265 $ 160	☐ PAID $ 265 ☐ FORGIVEN $	$ 0 DATE DUE	0 % RATE $	0 DATE INCURRED	CALENDAR YEAR $ 0 PER ELECTION** $
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	DATE INCURRED	CALENDAR YEAR $ PER ELECTION ** $
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

SUBTOTALS $ _____ $ _____ $ _____ $ _____

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

1. Loans received this period .... $ 160
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ 265
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ 265
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.